

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

05 DEC 15 PM 1:35

FRANKLIN COUNTY
SALARY OF ELECTIONS

Full Name of Committee CITIZENS FOR RANKIN						Registration Number, if PAC					
Full Name of Candidate MIKE R. RANKIN											
Street Address 545 EAST TOWN STREET						Office Sought JUDGE, COMMON PLEAS			District FRANKLIN CO		
City COLUMBUS						State O H		Zip Code 43215			
Type of Report (place X to the left of report type)		Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year	
		July		August		September		Termination		Semiannual	
Monthly		Monthly		Monthly		Monthly					
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Date of Election		M D Y 1 1 0 8 0 5	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 26,966.16
2. Total monetary contributions (From Form No. 31-A)	\$ 46,520.00
3. Total other income (From Form No. 31-A-2)	\$ 9.25
4. Total funds available (sum of lines 1, 2, 3)	\$ 73,495.41
5. Total monetary expenditures (From Form No. 31-B)	\$ 67,816.77
6. Balance on hand (line 4 minus line 5)	\$ 5,678.64
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 550.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 11,150.00
10. Outstanding debts owed by committee (From Form No. 31-M)	\$ 2,201.11
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
13. For Electronic Filing Entities only Sum of lines 2, 7 and amount of any new loans received this period	\$

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER
COMMITTS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Laura T. Riggs-Kolman, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Laura T. Riggs-Kolman

Date

12-16-05

Contribution

page: 12

Expenditure

pages 2

Other

pages 6

Total

pages 20

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN							
Full Name of Contributor FRANKLIN COUNTY DEMOCRATIC PARTY JUDICIAL ACCOUNT						Registration Number, if PAC	
Street Address 271 EAST STATE STREET			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43215	M 1 0	D 2 6	Y 0 5	Amount 6,500.00	
Full Name of Contributor AVIS M. RANKIN						Registration Number, if PAC	
Street Address 2432 WYNCOURTNEY COURT			Employer/Occupation/Labor Organization CANDIDATE'S FAMILY MEMBER			Form (Cash, Check, etc.)	
City POWELL	State O H	Zip Code 43065	M 1 0	D 2 6	Y 0 5	Amount 30,000.00	
Full Name of Contributor ISAAC, BRANT, LEDLMAN & TETTOR						Registration Number, if PAC	
Street Address 250 EAST BROAD STREET			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43215	M 1 0	D 2 8	Y 0 5	Amount 250.00	
Full Name of Contributor JOSEPH E. SCOTT						Registration Number, if PAC	
Street Address 35 E. LIVINGSTON AVE.			Employer/Occupation/Labor Organization ATTORNEY			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43215	M 1 0	D 2 8	Y 0 5	Amount 325.00	
Full Name of Contributor EUGENE KAPPELER						Registration Number, if PAC	
Street Address 635 ROTHMOORE DR.			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK	
City GALLOWAY	State O H	Zip Code 43119	M 1 0	D 2 8	Y 0 5	Amount 25.00	
Full Name of Contributor CHRISTINA L. CORL						Registration Number, if PAC	
Street Address 500 S. FRONT ST., SUITE 1200			Employer/Occupation/Labor Organization CRABBE, BROWN & JAMES			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43215	M 1 0	D 2 8	Y 0 5	Amount 500.00	
Full Name of Contributor EDWIN L. MALEK						Registration Number, if PAC	
Street Address 1227 S. HIGH STREET			Employer/Occupation/Labor Organization MALEK & MALEK			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43215	M 1 0	D 2 8	Y 0 5	Amount 130.00	
Full Name of Contributor HARLAN S. LOUIS						Registration Number, if PAC	
Street Address 10 W. BROAD ST., SUITE 2100			Employer/Occupation/Labor Organization BAILEY CAVALIERI			Form (Cash, Check, etc.)	
City COLUMBUS	State O H	Zip Code 43215	M 1 0	D 2 8	Y 0 5	Amount 150.00	

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

Page Total \$ 37,880.00

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN							
Full Name of Contributor KILROY FOR COMMISSIONER						Registration Number, if PAC	
Street Address 3886 N. HIGH STREET			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43214	M 1	D 0	Y 3	Amount 250.00	
Full Name of Contributor FRIENDS OF SHERROD BROWN						Registration Number, if PAC	
Street Address 607 14TH ST., NW, SUITE 800			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK	
City WASHINGTON	State D C	Zip Code 20005	M 1	D 0	Y 3	Amount 100.00	
Full Name of Contributor RICHARD D. GALLAGHER						Registration Number, if PAC	
Street Address 373 W. 6TH AVE.			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43201	M 1	D 1	Y 0	Amount 500.00	
Full Name of Contributor JOHN WILLIAM FERRON						Registration Number, if PAC	
Street Address 6262 DEESIDE DRIVE			Employer/Occupation/Labor Organization ATTORNEY			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43017	M 1	D 1	Y 0	Amount 250.00	
Full Name of Contributor LABORERS INT'L UNION OF N.A. L-423 PAC FUND						Registration Number, if PAC LA912	
Street Address 620 ALUM CREEK DRIVE			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43205	M 1	D 1	Y 0	Amount 500.00	
Full Name of Contributor RICHARD L. LEVINE						Registration Number, if PAC	
Street Address 2754 BRYDEN ROAD			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43209	M 1	D 1	Y 0	Amount 100.00	
Full Name of Contributor CURTIS F. GANTZ						Registration Number, if PAC	
Street Address 175 S. THIRD ST.			Employer/Occupation/Labor Organization LANE, ALTON & HORST			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43215	M 1	D 1	Y 0	Amount 400.00	
Full Name of Contributor ANDREW L. KLEIN						Registration Number, if PAC	
Street Address 1090 SAY AVE.			Employer/Occupation/Labor Organization ATTORNEY			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43201	M 1	D 1	Y 0	Amount 500.00	

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Page Total \$ 2,600.00

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN									
Full Name of Contributor JANIS HOTT						Registration Number, if PAC			
Street Address 1086 SAY AVENUE			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43201	M 1	D 1	Y 0	2	0	5	Amount 500.00
Full Name of Contributor BONNIE J. SPRING						Registration Number, if PAC			
Street Address 1806 RED FERN DRIVE			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43229	M 1	D 1	Y 0	7	0	5	Amount 50.00
Full Name of Contributor MARY DEE DRYER						Registration Number, if PAC			
Street Address 23845 FORDSON			Employer/Occupation/Labor Organization CANDIDATE'S FAMILY MEMBER				Form (Cash, Check, etc.) CHECK		
City DEARBORN	State M I	Zip Code 48124	M 1	D 1	Y 0	7	0	5	Amount 500.00
Full Name of Contributor ROBERT GRAY PALMER						Registration Number, if PAC			
Street Address 185 RUSTIC PLACE			Employer/Occupation/Labor Organization ATTORNEY				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43214	M 1	D 1	Y 0	8	0	5	Amount 250.00
Full Name of Contributor CANDACE MCCHESENEY						Registration Number, if PAC			
Street Address 2750 OAKRIDGE COURT			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City UPPER ARLINGTON	State O H	Zip Code 43221	M 1	D 1	Y 1	0	0	5	Amount 100.00
Full Name of Contributor WALTER J. GERHARDSTEIN						Registration Number, if PAC			
Street Address 7100 N. HIGH ST., SUITE 307			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City WORTHINGTON	State O H	Zip Code 43085	M 1	D 1	Y 1	0	0	5	Amount 100.00
Full Name of Contributor CAROL A. WRIGHT						Registration Number, if PAC			
Street Address 318 BERGER ALLEY			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43209	M 1	D 1	Y 1	1	0	5	Amount 100.00
Full Name of Contributor MARY C. WOODS						Registration Number, if PAC			
Street Address 1022 BLIND BROOK DRIVE			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43235	M 1	D 1	Y 1	1	0	5	Amount 100.00

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Page Total \$ 1,700.00

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN									
Full Name of Contributor RICHANNE M. ZYMKOSKI						Registration Number, if PAC			
Street Address 2128 POPLAR STREET			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O	Zip Code 43209	M 1	D 1	Y 8	Amount 100.00			
Full Name of Contributor SCOT E. DEWHIRST						Registration Number, if PAC			
Street Address 560 E. TOWN STREET			Employer/Occupation/Labor Organization ARTZ & DEWHIRST LLP				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O	Zip Code 43215	M 1	D 1	Y 8	Amount 50.00			
Full Name of Contributor LYNN A. GREER						Registration Number, if PAC			
Street Address 1200 CHAMBERS ROAD, SUITE 410			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O	Zip Code 43212	M 1	D 2	Y 8	Amount 100.00			
Full Name of Contributor TRANSFER FROM FORM 31E						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	M 1	D 0	Y 1	Amount 250.00			
Full Name of Contributor TRANSFER FROM FORM 31E						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	M 1	D 0	Y 2	Amount 135.00			
Full Name of Contributor TRANSFER FROM FORM 31E						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	M 1	D 0	Y 2	Amount 3,000.00			
Full Name of Contributor TRANSFER FROM FORM 31E						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	M 1	D 0	Y 2	Amount 705.00			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			

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Page Total \$ 4,340.00

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN								
Full Name BANK ONE				Registration Number, if PAC				
Address 833 S. HIGH STREET		Type* I N			M 1 1	D 0 4	Y 0 5	Amount 7.15
City COLUMBUS		State O H	Zip Code 43206		Form(Cash,Check,etc) INTEREST			
Full Name BANK ONE				Registration Number, if PAC				
Address 833 S. HIGH STREET		Type* I N			M 1 2	D 0 6	Y 0 5	Amount 2.10
City COLUMBUS		State O H	Zip Code 43206		Form(Cash,Check,etc) INTEREST			
Full Name				Registration Number, if PAC				
Address		Type*			M	D	Y	Amount
City		State	Zip Code		Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC				
Address		Type*			M	D	Y	Amount
City		State	Zip Code		Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC				
Address		Type*			M	D	Y	Amount
City		State	Zip Code		Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC				
Address		Type*			M	D	Y	Amount
City		State	Zip Code		Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC				
Address		Type*			M	D	Y	Amount
City		State	Zip Code		Form(Cash,Check,etc)			

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 9.25

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN									
To Whom Paid BUCKEYE PRINTING & MAILING						M 1 0	D 2 4	Y 0 5	Amount 2,264.59
Address 217 NORTH GRANT AVENUE			Purpose PRINTING AND MAILING						
City COLUMBUS			State O H		Zip Code 43215		Check Number 196		
To Whom Paid TRIUMPH COMMUNICATIONS						M 1 0	D 2 4	Y 0 5	Amount 20,000.00
Address 1480 DUBLIN ROAD			Purpose MEDIA BUY						
City COLUMBUS			State O H		Zip Code 43215		Check Number 197		
To Whom Paid BUCKEYE PRINTING & MAILING						M 1 0	D 2 7	Y 0 5	Amount 1,030.52
Address 217 NORTH GRANT AVENUE			Purpose PRINTING AND MAILING						
City COLUMBUS			State O H		Zip Code 43215		Check Number 198		
To Whom Paid TRIUMPH COMMUNICATIONS						M 1 0	D 2 8	Y 0 5	Amount 18,000.00
Address 1480 DUBLIN ROAD			Purpose MEDIA BUY						
City COLUMBUS			State O H		Zip Code 43215		Check Number 199		
To Whom Paid JYC COMMUNICATIONS						M 1 0	D 2 8	Y 0 5	Amount 4,131.25
Address 5656 ECHO ROAD			Purpose RADIO AND PAPER BUY						
City COLUMBUS			State O H		Zip Code 43230		Check Number 200		
To Whom Paid TRIUMPH COMMUNICATIONS						M 1 1	D 0 1	Y 0 5	Amount 9,804.00
Address 1480 DUBLIN ROAD			Purpose MEDIA BUY						
City COLUMBUS			State O H		Zip Code 43215		Check Number 201		
To Whom Paid VICKI LYDEN						M 1 1	D 0 2	Y 0 5	Amount 46.00
Address 3096 HERRICK			Purpose REIMBURSE-POSTAGE						
City COLUMBUS			State O H		Zip Code 43221		Check Number 202		
To Whom Paid TRIUMPH COMMUNICATIONS						M 1 1	D 0 3	Y 0 5	Amount 5,058.75
Address 1480 DUBLIN ROAD			Purpose MEDIA BUY						
City COLUMBUS			State O H		Zip Code 43215		Check Number 203		

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN									
To Whom Paid TRIUMPH COMMUNICATIONS						M	D	Y	Amount
						1	1	0	142.50
Address 1480 DUBLIN ROAD			Purpose REIMBURSE-MEDIA BUY EXPENSE						
City COLUMBUS			State O H		Zip Code 43215		Check Number 204		
To Whom Paid FIELD RESOURCE MANAGEMENT						M	D	Y	Amount
						1	1	0	3,522.50
Address 3246 W. HENDERSON RD.			Purpose TV PRODUCTION						
City COLUMBUS			State O H		Zip Code 43220		Check Number 205		
To Whom Paid TRIUMPH COMMUNICATIONS						M	D	Y	Amount
						1	1	0	2,066.25
Address 1480 DUBLIN ROAD			Purpose MEDIA BUY						
City COLUMBUS			State O H		Zip Code 43215		Check Number 206		
To Whom Paid BRAINSTORM MEDIA, INC.						M	D	Y	Amount
						1	1	0	114.76
Address 1020 GOODALE BLVD.			Purpose TV PRODUCTION						
City COLUMBUS			State O H		Zip Code 43212		Check Number 207		
To Whom Paid BUCKEYE PRINTING & MAILING SERVICES						M	D	Y	Amount
						1	1	1	724.83
Address 217 N. GRANT STREET			Purpose PRINT AND STOCK GENERIC POSTCARDS						
City COLUMBUS			State O H		Zip Code 43215		Check Number 208		
To Whom Paid ZACH MASON						M	D	Y	Amount
						1	1	2	168.23
Address 2121 ASCHINGER BLVD.			Purpose REIMBURSE-CELL PHONE CHARGES						
City COLUMBUS			State O H		Zip Code 43212		Check Number 209		
To Whom Paid MIKE R. RANKIN						M	D	Y	Amount
						1	2	0	742.59
Address 2432 WLYNCOURTNEY COURT			Purpose REIMBURSE-YARD SIGNS						
City POWELL			State O H		Zip Code 43065		Check Number 210		
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State		Zip Code		Check Number		

Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee MIKE R. RANKIN									
From Whom Received MIKE R. RANKIN							Prior Amount 11,150.00		Amt. Incurred this Period 0.00
Address 2432 WYNCOURTNEY COURT									Outstanding Balance 11,150.00
City POWELL		State OH	Zip Code 43065		Loans Received This Period Date Amount			Payments This Period Date Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	
Registration Number, if PAC		M	D	Y	M	D	Y	\$	
Employer/Occupation/Labor Organization*		M	D	Y	M	D	Y	\$	
From Whom Received							Prior Amount		Amt. Incurred this Period
Address									Outstanding Balance
City		State	Zip Code		Loans Received This Period Date Amount			Payments This Period Date Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	
Registration Number, if PAC		M	D	Y	M	D	Y	\$	
Employer/Occupation/Labor Organization*		M	D	Y	M	D	Y	\$	
From Whom Received							Prior Amount		Amt. Incurred this Period
Address									Outstanding Balance
City		State	Zip Code		Loans Received This Period Date Amount			Payments This Period Date Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	
Registration Number, if PAC		M	D	Y	M	D	Y	\$	
Employer/Occupation/Labor Organization*		M	D	Y	M	D	Y	\$	

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 11,150.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 11,150.00 (To Form No. 30-A)

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN					
Full Name of Contributor JULIAL L. DORRIAN				Registration Number, if PAC	
Street Address 130 NORTHRIDGE ROAD	Employer/Occupation/Labor Organization* ATTORNEY		M 1	D 0	Y 3
City COLUMBUS	State O	Zip Code 43214	Form(Cash,Check,etc) CHECK		Amount 250.00
Full Name of Contributor				Registration Number, if PAC	
Street Address				M	D
City				Y	Amount
Employer/Occupation/Labor Organization*				Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address				M	D
City				Y	Amount
Employer/Occupation/Labor Organization*				Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address				M	D
City				Y	Amount
Employer/Occupation/Labor Organization*				Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address				M	D
City				Y	Amount
Employer/Occupation/Labor Organization*				Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address				M	D
City				Y	Amount
Employer/Occupation/Labor Organization*				Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address				M	D
City				Y	Amount
Employer/Occupation/Labor Organization*				Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address				M	D
City				Y	Amount
Employer/Occupation/Labor Organization*				Form(Cash,Check,etc)	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

250.00

Total expenditures this event

0.00

Page Total \$

250.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN					
Full Name of Contributor NEIL W. ROSENBERG				Registration Number, if PAC	
Street Address 400 S. FIFTH ST., SUITE 102	Employer/Occupation/Labor Organization* ATTORNEY		M 1	D 0	Y 2
City COLUMBUS	State OH	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor VICKEY S. JEFFERSON				Registration Number, if PAC	
Street Address 7368 FAIRFIELD LAKES DRIVE	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City POWELL	State OH	Zip Code 43065	Form(Cash,Check,etc) CHECK		Amount 35.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

135.00

Total expenditures this event

0.00

Page Total \$ 135.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN					
Full Name of Contributor J. ANTHONY LOGAN				Registration Number, if PAC	
Street Address 4L740 HAYDEN RUN RD.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 5
City COLUMBUS	State O	Zip Code 43221	Form(Cash,Check,etc) CHECK		Amount 50.00
Full Name of Contributor DAN STEWART FOR STATE REPRESENTATIVE				Registration Number, if PAC	
Street Address 947 GOODALE BLVD., SUITE 201	Employer/Occupation/Labor Organization*		M 1	D 0	Y 5
City COLUMBUS	State O	Zip Code 43212	Form(Cash,Check,etc) CHECK		Amount 50.00
Full Name of Contributor S. VANESSA WICAL BAKER				Registration Number, if PAC	
Street Address 3163 WALDEN RAVINES	Employer/Occupation/Labor Organization*		M 1	D 0	Y 5
City COLUMBUS	State O	Zip Code 43221	Form(Cash,Check,etc) CHECK		Amount 25.00
Full Name of Contributor DONALD B. LEACH, JR.				Registration Number, if PAC	
Street Address 191 W. NATIONWIDE BLVD., STE 300	Employer/Occupation/Labor Organization*		M 1	D 0	Y 5
City COLUMBUS	State O	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor BUCKINGHAM DOOLITTLE & BURROUGHS PAC				Registration Number, if PAC CP134	
Street Address 50 S. MAIN STREET	Employer/Occupation/Labor Organization*		M 1	D 0	Y 5
City AKRON	State O	Zip Code 44308	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor BONNIE BIRATH				Registration Number, if PAC	
Street Address 1157 WORTHINGTON HTS. BLVD.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 5
City COLUMBUS	State O	Zip Code 43235	Form(Cash,Check,etc) CHECK		Amount 50.00
Full Name of Contributor UNITED ASSOC OF IRNYMN & APPRNTCS L 189 PAC				Registration Number, if PAC LA1212	
Street Address 1250 KINNEAR ROAD	Employer/Occupation/Labor Organization*		M 1	D 0	Y 5
City COLUMBUS	State O	Zip Code 43212	Form(Cash,Check,etc) CHECK		Amount 250.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

3,000.00

Total expenditures this event

0.00

Page Total \$

625.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN					
Full Name of Contributor RICHARD D. TOPPER				Registration Number, if PAC	
Street Address 1500 W. THIRD AVE., SUITE 400	Employer/Occupation/Labor Organization* ATTORNEY		M 1	D 0	Y 2
City COLUMBUS	State O	Zip Code H 43215	Form(Cash,Check,etc) CHECK		Amount 150.00
Full Name of Contributor COLUMBUS FRANKLIN COUNTY AFL CIO PCE				Registration Number, if PAC	
Street Address 1545 ALUM CREEK DR. 2ND FLR	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City COLUMBUS	State O	Zip Code H 43209	Form(Cash,Check,etc) CHECK		Amount 200.00
Full Name of Contributor JEFF PORTMAN				Registration Number, if PAC	
Street Address 471 E. BROAD ST., SUITE 1820	Employer/Occupation/Labor Organization* PORTMAN FOLEY & FLINT		M 1	D 0	Y 2
City COLUMBUS	State O	Zip Code H 43215	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor JOHN P. GILLIGAN				Registration Number, if PAC	
Street Address 250 WEST STREET	Employer/Occupation/Labor Organization* SCHOTTENSTEIN ZOZ DUN		M 1	D 0	Y 2
City COLUMBUS	State O	Zip Code H 43215	Form(Cash,Check,etc) CHECK		Amount 125.00
Full Name of Contributor JOHN C. McDONALD				Registration Number, if PAC	
Street Address 250 WEST STREET	Employer/Occupation/Labor Organization* SCHOTTENSTEIN ZOZ DUN		M 1	D 0	Y 2
City COLUMBUS	State O	Zip Code H 43215	Form(Cash,Check,etc) CHECK		Amount 125.00
Full Name of Contributor JEFFREY D. PORTER				Registration Number, if PAC	
Street Address 329 S RICHARDSON AVE.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City COLUMBUS	State O	Zip Code H 43204	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor COLS SHEET METAL WRKRS COME ON POL EDUCA				Registration Number, if PAC OHI053	
Street Address 3035 LAMB AVE.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City COLUMBUS	State O	Zip Code H 43219	Form(Cash,Check,etc) CHECK		Amount 350.00

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,150.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN					
Full Name of Contributor PAUL J. UNGER				Registration Number, if PAC	
Street Address 4800 CANTERWOOD CT.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 5
City HILLIARD	State O H	Zip Code 43026	Form(Cash,Check,etc) CHECK		Amount 150.00
Full Name of Contributor SCOTT E. SMITH				Registration Number, if PAC	
Street Address 6660 N. HIGH STREET	Employer/Occupation/Labor Organization* SMITH PHILLIPS & ASSOC		M 1	D 0	Y 5
City WORTHINGTON	State O H	Zip Code 43085	Form(Cash,Check,etc) CHECK		Amount 150.00
Full Name of Contributor MARTY ANDERSON				Registration Number, if PAC	
Street Address 3409 RIVERSEINE ST.	Employer/Occupation/Labor Organization* SEWEALD SEWALD & CLO		M 1	D 0	Y 5
City COLUMBUS	State O H	Zip Code 43221	Form(Cash,Check,etc) CHECK		Amount 200.00
Full Name of Contributor OH & VIC REG CNCL OF CARPETERS POL OFF PAC				Registration Number, if PAC LA358	
Street Address 222 E. TOWN ST.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 5
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 300.00
Full Name of Contributor TEAMSTERS LOCAL UNION 413 DRIVE FUND				Registration Number, if PAC	
Street Address 555 E. RICH ST.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 5
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 300.00
Full Name of Contributor TIMOTHY G. SERROTT				Registration Number, if PAC	
Street Address 8695 OLENTANGY RIVER ROAD	Employer/Occupation/Labor Organization*		M 1	D 0	Y 5
City DELAWARE	State O H	Zip Code 43015	Form(Cash,Check,etc) CHECK		Amount 50.00
Full Name of Contributor RAYMOND LAVOIE				Registration Number, if PAC	
Street Address 826 SUMMIT ST.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 5
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 75.00

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,225.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN					
Full Name of Contributor ANDY GEIGER				Registration Number, if PAC	
Street Address 2358 NORTHWEST BLVD.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City COLUMBUS	State O	Zip Code 43212	Amount 40.00	Form(Cash,Check,etc) CASH	
Full Name of Contributor JIM FRONK				Registration Number, if PAC	
Street Address 1896 BALDRIDGE RD.D	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City COLUMBUS	State O	Zip Code 43221	Amount 40.00	Form(Cash,Check,etc) CASH	
Full Name of Contributor LAURA COOK				Registration Number, if PAC	
Street Address 2019 EDMONT ROAD N.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City COLUMBUS	State O	Zip Code 43221	Amount 25.00	Form(Cash,Check,etc) CASH	
Full Name of Contributor KELANIE FITXPATRICK MITCHELL				Registration Number, if PAC	
Street Address 1635 SUNDRIDGE DR.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City COLUMBUS	State O	Zip Code 43221	Amount 25.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor MARY ANN KRAUSS				Registration Number, if PAC	
Street Address 1980 UPPER CHELSEA RD.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City COLUMBUS	State O	Zip Code 43221	Amount 25.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor PHYLLIS M. NEWMAN				Registration Number, if PAC	
Street Address 2090 LOWER CHELSEA RD.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City COLUMBUS	State O	Zip Code 43221	Amount 50.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor JODENE MAXWELL SCARBROUGH				Registration Number, if PAC	
Street Address 2449 KENSINGTON DR.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City COLUMBUS	State O	Zip Code 43221	Amount 50.00	Form(Cash,Check,etc) CHECK	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

705.00

Total expenditures this event

0.00

Page Total \$ 255.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN					
Full Name of Contributor KATHERINE KRAUSS RYAN				Registration Number, if PAC	
Street Address 1965 UPPER CHELSEA RD.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City COLUMBUS	State O H	Zip Code 43221	Amount 25.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor JEFFREY T. FOLKERTH				Registration Number, if PAC	
Street Address 2231 OXFORD RD.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City COLUMBUS	State O H	Zip Code 43221	Amount 50.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor MELISSA K. HEDDEN				Registration Number, if PAC	
Street Address 2280 BRIXTON RD.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City COLUMBUS	State O H	Zip Code 43221	Amount 50.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor KATHAY A. PANNING				Registration Number, if PAC	
Street Address 1990 UPPER CHELSEA RD.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City COLUMBUS	State O H	Zip Code 43221	Amount 25.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor DIANE STURGES				Registration Number, if PAC	
Street Address 1622 CAMBRIDGE BLVD.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City COLUMBUS	State O H	Zip Code 43221	Amount 50.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor JAN E. DAVIS				Registration Number, if PAC	
Street Address 2492 EDGEVALE RD.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City COLUMBUS	State O H	Zip Code 43221	Amount 25.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor SHARON M. WHALEY				Registration Number, if PAC	
Street Address 1831 ROXBURY RD.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City COLUMBUS	State O H	Zip Code 43221	Amount 50.00	Form(Cash,Check,etc) CHECK	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 275.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN					
Full Name of Contributor RON KOLTOK				Registration Number, if PAC	
Street Address 5 E. LONG ST.	Employer/Occupation/Labor Organization* KOLTOK & GIBSON		M 1	D 03	Y 10
City COLUMBUS	State OH	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor KATHLEEN ADDLESPERGER				Registration Number, if PAC	
Street Address 1336 CAROLYN AVENUE	Employer/Occupation/Labor Organization*		M 1	D 03	Y 10
City COLUMBUS	State OH	Zip Code 43224	Form(Cash,Check,etc) CHECK		Amount 25.00
Full Name of Contributor BARBARA G. FORD				Registration Number, if PAC	
Street Address 595 E. DOMINION BLVD.	Employer/Occupation/Labor Organization*		M 1	D 03	Y 10
City COLUMBUS	State OH	Zip Code 43214	Form(Cash,Check,etc) CHECK		Amount 50.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 175.00

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN				
Full Name of Contributor Konan Pi	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address 8 E. Goodale Street	Description of Item or Service food, beverages	M 1	D 0	Y 2
City Columbus	State OH	Zip Code 43215	Fair Market Value 100.00	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor Ron Levy	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address 850 Michigan Avenue	Description of Item or Service valet service	M 1	D 0	Y 2
City Columbus	State OH	Zip Code 43215	Fair Market Value 60.00	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor Mark Dempsey	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address 1305 Westwood	Description of Item or Service Wire yard sign frames	M 1	D 2	Y 1
City Columbus	State OH	Zip Code 43212	Fair Market Value 390.00	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y
City	State	Zip Code	Fair Market Value	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y
City	State	Zip Code	Fair Market Value	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y
City	State	Zip Code	Fair Market Value	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y
City	State	Zip Code	Fair Market Value	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y
City	State	Zip Code	Fair Market Value	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

* Required for contributions from individual over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear.

[R.C. 3517.10(B)(4)]

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee CITIZENS FOR RANKIN									
To Whom Owed MIKE R. RANKIN						Prior Amount 2,201.11		Amt. Incurred this Period 0.00	
Address 2432 WYNCOURTNEY COURT						Item or Purpose for Debt SIGNS, MAGNET		Outstanding Balance 2,201.11	
City POWELL				State OH		Zip Code 43065		Payments Made This Period Date Amount	
Date Debt was originally Incurred				M D Y 0 6 1 6 0 4		M D Y		\$	
Registration Number, if PAC						M D Y			
						M D Y			
To Whom Owed						Prior Amount		Amt. Incurred this Period	
Address						Item or Purpose for Debt		Outstanding Balance	
City				State		Zip Code		Payments Made This Period Date Amount	
Date Debt was originally Incurred				M D Y		M D Y		\$	
Registration Number, if PAC						M D Y			
						M D Y			
To Whom Owed						Prior Amount		Amt. Incurred this Period	
Address						Item or Purpose for Debt		Outstanding Balance	
City				State		Zip Code		Payments Made This Period Date Amount	
Date Debt was originally Incurred				M D Y		M D Y		\$	
Registration Number, if PAC						M D Y			
						M D Y			

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 2,201.11 (also record on cover page)